

FILED

JUN 27 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CV 08 2987

Plaintiff,

CASE NO. _____

vs.

STATE OF CALIFORNIA, et al
CDCR, BPH, REGION II DAPO, CCPOA,
Alameda County Sheriff's Dept.
Pleasanton Police Dept. Defendant.
Sec. of Corrections James Tilton, CA/PAP

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

MMC (PR)

I, Robert J. Alexander, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: N/A

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 American Automotive Association;

5 Oakland Auto Guardian

6 Emergency Roadside Assistance

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X

10 self employment

11 b. Income from stocks, bonds, Yes ___ No X

12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X

15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No X

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 N/A
 22

23 3. Are you married? Yes X No ___

24 Spouse's Full Name: Sevon Atias

25 Spouse's Place of Employment: Applebee's Restaurant

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ Min wage Net \$ min wage

28 4. a. List amount you contribute to your spouse's support: \$ _____

- 1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 My newborn son S.A. due date 8-21-08
 6 _____

7 5. Do you own or are you buying a home? Yes ____ No ☒

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ☒ No ____

10 Make Toyota Year 95 Model Camry

11 Is it financed? Yes ____ No ☒ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ____ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____
 15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ____ No ☒ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ____ No ☒

20 _____
 21 8. What are your monthly expenses?

22 Rent: \$ N/A Utilities: N/A

23 Food: \$ N/A Clothing: N/A

24 Charge Accounts:

25 Name of Account	Monthly Payment	Total Owed on This Acct.
26 _____	\$ _____	\$ _____
27 <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
28 _____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 Valley Care Medical group, Plea San Antonio California
4 \$30,000. medical bills.

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes X No

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 CV 08 2727 MMC 2727 PR

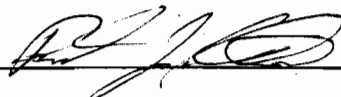
10 CV 08 2417 MMC 2417 PR

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 6-22-08

17 DATE



SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Robert Samuel / AYK-512 PO7071 Alexander for the last six months
[prisoner name]
_____ where (s)he is confined.

[name of institution]
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

Dear Sir or Madam:

Your complaint has been filed as civil case number

CV 08 2987

✓ A filing fee of \$350.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee, but it will be taken out of income to your prisoner account in installments.

Your complaint is deficient because you did not pay the filing fee and:

1. ✓ you did not file an In Forma Pauperis Application.
2. ____ the In Forma Pauperis Application you submitted is insufficient because:

____ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

____ Your In Forma Pauperis Application was not completed in its entirety.

____ You did not sign your In Forma Pauperis Application.

✓ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

✓ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

____ Other _____

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

Warning: YOU MUST RESPOND TO THIS NOTICE. If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a Prisoner's In Forma Pauperis Application will allow the court to determine whether installment payment of the filing fee should be allowed.

Sincerely,
RICHARD W. WIEKING, Clerk,

By _____
Deputy Clerk

rev. 11/07

ALEXANDER / SAMUEL

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

**INSTRUCTIONS FOR PRISONER'S
IN FORMA PAUPERIS APPLICATION**

You must submit to the court a completed Prisoner's In Forma Pauperis Application if you are unable to pay the entire filing fee at the time you file your complaint or petition. Your application must include copies of the prisoner trust account statement showing transactions for the last six months and a certificate of funds in prisoner's account, signed by an authorized officer of the institution.

A. Non-habeas Civil Actions

Effective April 9, 2006, the filing fee for any civil action other than a habeas is \$350.00. Even if you are granted leave to proceed in forma pauperis, you must still pay the full amount of the court's filing fee, but the fee will be paid in several installments. 28 U.S.C. § 1915.

You must pay an initial partial filing fee of 20 percent of the greater of (a) the average monthly deposits to your account for the 6-month period immediately before the complaint was filed or (b) the average monthly balance in your account for the 6-month period immediately before the complaint was filed. The court will use the information provided on the certificate of funds and the trust account statement to determine the filing fee immediately due and will send instructions to you and the prison trust account office for payment if in forma pauperis status is granted.

After the initial partial filing fee is paid, your prison's trust account office will forward to the court each month 20 percent of the most recent month's income to your prison trust account, to the extent the account balance exceeds ten dollars (\$10.00). Monthly payments will be required until the full filing fee is paid. If you have no funds over ten dollars (\$10.00) in your account, you will not be required to pay part of the filing fee that month.

If your application to proceed in forma pauperis is granted, you will be liable for the full \$350.00 filing fee even if your civil action is dismissed. That means the court will continue to collect payments until the entire filing fee is paid. However, if you do not submit this completed application the action will be dismissed without prejudice and the filing fee will not be collected.

B. Habeas Actions

The filing fee for a habeas action is \$5.00. If you are granted leave to proceed in forma pauperis you will not be required to pay any portion of this fee. If you are not granted leave to proceed in forma pauperis you must pay the fee in one payment and not in installments. If you use a habeas form to file a non-habeas civil action, you will be required to pay the \$350.00 filing fee applicable to all non-habeas civil actions.

*I have not been incarcerated 6 months
3-26-08 I was incarcerated. This holdin facility
will not process my In Forma Pauperis application
for me. Nor will the help me in any legal capacity.*

Don 6/22/08

S03F066/6/2008
5:43:19 AMCANTEEN CORPORATION
SANTA RITA JAIL (FRIDAY)
Pick ListName: ROBERT SAMUEL
Inv. Date: 06/06/2008
Id: AYC552

Module: S03F06

Invoice: 5270267
Serial #: 000238

Qty	Item	Code #	Price	Amount
	5 BK OF STAMPS (20PK)	6120	\$8.40	\$25.20
1	FLOUR TORTILLA 10CT	4110	\$1.78	\$1.78
2	9X12 ENVELOPE	6105	\$0.65	\$1.30
6				
7	RAMEN CHILI 3OZ	4415	\$0.95	\$6.65
2	RAMEN SPCY BEEF 3OZ	4417	\$0.95	\$1.90
9				
3	CHEESE CURLS	3114	\$1.43	\$4.29
2	SPICY TORTILLA CHIP	3109	\$1.40	\$2.80
9	PORK CRACKLIN SPICY	3108	\$1.23	\$11.07
2	CHILI CORN CHIPS	3112	\$1.28	\$2.56
1	FRENCH VANILLA 3OZ	2141	\$3.93	\$3.93
17				
5	OYSTERS	4433	\$2.85	\$14.25
1	CLUB CRACKERS	4113	\$2.00	\$2.00
1	RIPPLE POTATO CHIPS	3110	\$1.88	\$1.88
7				
1	GREETING CARD, LOVE	6119	\$1.50	\$1.50
1				
2	DIAL SOAP 3.5OZ	8106	\$1.13	\$2.26
5	CREAM PIE, OATMEAL	5123	\$1.03	\$5.15
7				

47

Previous Balance:	\$119.48	Base Sale:	\$88.52
New Balance:	\$30.54	Debitek:	\$0.00
		Tax:	\$0.42
		Total:	\$88.94

Signature: _____

WHEN ORDERING THE BLUE RAZOR THE NEW CODE FOR THIS ITEM IS 8366.

Error Transactions:

Qty	Item	Code #	Reason
2	OATMEAL/STRAWBERRY	4117	Spending Limit Exceeded
2	DONUTS 3OZ	4145	Spending Limit Exceeded
2	COFFEE 3OZ	2104	Spending Limit Exceeded
1	HOT CHEESE CRUNCHIES	3115	Spending Limit Exceeded
1	ATOMIC FIREBALLS	1118	Spending Limit Exceeded
3	BEEF SALAMI 5OZ	4135	Spending Limit Exceeded
1	STRAWBERRY PRESERVES	4216	Spending Limit Exceeded
2	SWISS ROLLS	4142	Spending Limit Exceeded

S03F066/13/2008
5:49:20 AMCANTEEN CORPORATION
SANTA RITA JAIL (FRIDAY)
Pick ListName: ROBERT SAMUEL
Inv. Date: 06/13/2008
Id: AYC552

Module: S03F06

Invoice: 5280147
Serial #: 000243

Qty	Item	Code #	Price	Amount
1	DRAWING TABLET 1	6129	\$3.65	\$3.65
3	RAMEN BEEF 3OZ 3	4412	\$0.95	\$2.85
3	SPICY TORTILLA CHIP	3109	\$1.40	\$4.20
1	COFFEE 3OZ	2104	\$3.23	\$3.23
2	PORK CRACKLIN MILD	3107	\$1.28	\$2.56
1	FRENCH VANILLA 3OZ	2141	\$3.93	\$3.93
2	BIG BAG CAPPUCCINO 9	2131	\$1.83	\$3.66
1	SPEED STICK 2OZ 1	8112	\$2.85	\$2.85

14

Previous Balance:	\$30.54	Base Sale:	\$26.93
New Balance:	\$3.07	Debitek:	\$0.00
		Tax:	\$0.54
		Total:	\$27.47

Signature: _____

WHEN ORDERING THE BLUE RAZOR THE NEW CODE FOR THIS ITEM IS 8366.

Error Transactions:

Qty	Item	Code #	Reason
2		3122	Invalid Item Code

S03F066/20/2008
5:44:39 AMCANTEEN CORPORATION
SANTA RITA JAIL (FRIDAY)
Pick List

Name: ROBERT SAMUEL

Inv. Date: 06/20/2008

Id: AYC552

Module: S03F06

Invoice: 5290166

Serial #: 000235

Qty	Item	Code #	Price	Amount
1	CHEESE CURLS	3114	\$1.43	\$1.43
1				
1				
	Previous Balance:	\$3.07	Base Sale:	\$1.43
	New Balance:	\$1.64	Debitek:	\$0.00
			Tax:	\$0.00
			Total:	\$1.43

Signature: _____

WHEN ORDERING THE BLUE RAZOR THE NEW CODE FOR THIS ITEM IS 8366.

Robert Alexander
rc 552, Def 71
325 Border Bl.
Redding CA 94468

2

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

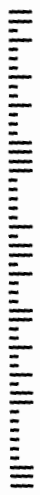
US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680



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NECESSARY
IF MAILED
IN THE
UNITED STATES



Perkins / Confidential Legal Mail



T. JENNER
#A75 062308/0840